	Application Number	10/523,454 <i>JPN</i>
	Filing Date	with an effective filing date of July 28, 2003
	First Named Inventor	Augustinus BADER
	Group Art Unit	1651
	Examiner Name	Allison M. FORD
Total No. of Pages in this Submission: 15	Attorney Docket Number	HEUBEN P03AUS (formerly LORWER P33AUS)

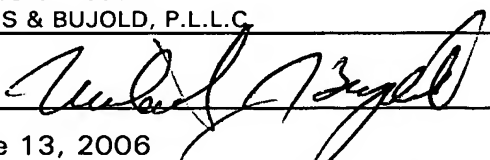
ENCLOSURES (check all that apply)

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| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee attached
<input checked="" type="checkbox"/> Response
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request (in Duplicate)
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Part/s Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment papers (for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)
<input type="checkbox"/> To Convert a Provisional Petition
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):

Postcard |
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REMARKS

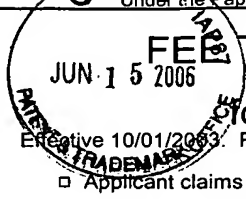
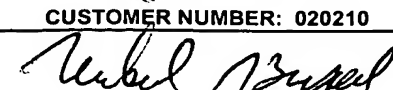
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. BUJOLD DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	June 13, 2006	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 13, 2006

Type or printed name.	Michael J. BUJOLD
Signature	 Date: June 13, 2006 (lfb)

 <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <p style="margin: 0;">Effective 10/01/2003: Patent fees are subject to annual revision. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Application No. Filing Date First Named Inventor Examiner Name Group Art Unit </td> <td style="width: 50%; vertical-align: top;"> 10/523,454 with an effective filing date of July 28, 2003 Augustinus BADER Allison M. FORD 1651 </td> </tr> <tr> <td style="vertical-align: top;"> Attorney Docket No. </td> <td style="vertical-align: top;"> HEUBEN P03AUS (formerly LORWER P33AUS) </td> </tr> </table>		Application No. Filing Date First Named Inventor Examiner Name Group Art Unit	10/523,454 with an effective filing date of July 28, 2003 Augustinus BADER Allison M. FORD 1651	Attorney Docket No.	HEUBEN P03AUS (formerly LORWER P33AUS)																																																																																																																																																																										
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<p> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p> <input checked="" type="checkbox"/> Deposit Account: </p> <p> Deposit Account Number: 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C. </p> <p> The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified account. </p>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td colspan="6">3. 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Typed or Printed Name	Michael J. Bujold CUSTOMER NUMBER: 020210	Registration No. 32,018	Telephone (603) 624-9220																																																																																																																																																																														
Signature		Deposit Acct. No. 04-0213	Fax: (603) 624-9229 Date: June 13, 2006																																																																																																																																																																														